

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034525

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

2022

Registrar's No.

332

FILED OCT 8 1962

## 1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR WindsorLength of stay in lb  
66 years

c. CITY OR TOWN Windsor,

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Windsor HospitalInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
210 North St.,Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Earl

Middle

Last Hand

4. DATE OF DEATH

Month

Day

Year

Sept. 26, 1962

## 5. SEX

Male

6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
5-5-18879. AGE (last birthday)  
75IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
farmer10b. KIND OF BUSINESS OR INDUSTRY  
farming11. BIRTHPLACE (City and state or country)  
Cole Camp, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Asa Hand

## 13b. MOTHER'S MAIDEN NAME

Mollie

## 14. NAME OF HUSBAND OR WIFE

Georgia Fryer

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 17. INFORMANT

Address

Robert Hand, Windsor, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Hemia

INTERVAL BETWEEN ONSET AND DEATH  
21 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Nephritis - Pyelo (chronic) years

## DUE TO (c)

Prostatitis (chronic) years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-29-59 to 9-26-62 and last saw him alive on 9-26-62  
Death occurred at 9:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

116 S. Main St.

## 22c. DATE SIGNED

Windsor, Missouri

10-2-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

9-28, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Laurel Oak Cemetery

## 23d. LOCATION (City, town, or county)

Windsor, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Ellis M. Huston, Windsor, Mo.

## 25. DATE RECD. BY LOCAL REG.

Oct. 1, 1962

## 26. REGISTRAR'S SIGNATURE

Waldred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10421

30421

3

4 0

5 1

6

7 0

8 2

9 611X

10

11

123-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elliot Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.